

INSTRUCTIONS FOR REQUESTING RECORDS

- STEP 1 Type in all applicable information on the form then print, sign, and submit to the Court.
- STEP 2 You must submit the completed form to the Court by fax, mail, or in person. (Phone requests will not be accepted).
- STEP 3 **If submitting request by fax**, fax the completed form to (480) 312-2764. A Court representative will call you when the records are ready.

If submitting request by mail, send the completed form to the Scottsdale City Court at 3700 North 75th Street Scottsdale, AZ 85251 Att: records request. A Court representative will call you when the records are ready.

If submitting request in person, bring the completed form to the Court, date stamp it and drop it in the drop box at the Self-service Center in the Court lobby. A Court representative will call you when the records are ready.



REQUEST FOR COURT RECORDS

PURSUANT TO RULE 29, RULES OF THE SUPREME COURT, AND THE SUPREME COURT RECORDS RETENTION AND DISPOSITION SCHEDULE, RECORDS MORE THAN FIVE YEARS OLD ARE NOT AVAILABLE.

I acknowledge and understand that a Research Request Fee of Thirty-four Dollars (\$34.00) will be charged for each name search, up to three (3) names or three (3) separate cases (separate form required for each name request) and additional fee(s) will be assessed for copies or certification of case information.

I REQUEST:	View only (\$34 Research fee)	Copies only (\$34 Research fee plus \$.50 per page)	Audio CD'S (\$17per CD)	Certification (\$17 per case number plus \$34 Research fee and \$.50 per page)
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OF THE FOLLOWING DOCUMENT(S):

Complaint	Notice of Appearance of Counsel	Waiver of Counsel
Plea Proceedings	Judgment of Guilt	Sentence Information
MVD Abstract	Fingerprint	Name/Address Info
Other (specify)		

FOR THE FOLLOWING INDIVIDUAL:

First Name	Middle Name	Last Name	Date of Birth	Social Security #
Address		City	State	Zip Code

FOR THE FOLLOWING CASE:

Case #	Complaint #	Date of Incident	Type of Charge
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My relationship to this individual is

These documents are for:

Personal, non-commercial use. I am aware of the penalties for conversion to commercial use.
Commercial use. I certify that the specific use to which these documents will be put is:

Name of Requestor

Signature of Requestor

** Documents will be held for thirty (30) days from date of completion **

Please call between 8:00 am and 5:00 pm weekdays for payment and pickup.
Please fax payment and pickup information to me at
Please mail to me at

The Court Fee(s) are as follows:

Research/Minimum Clerk Fee @ \$34 per request	___ fee	\$	_____
Copy/Copies @ \$.50 per page	___ pages	\$	_____
Certification @ \$17 per case	___ case	\$	_____
Audio CD @\$17 per CD	___ CD	\$	_____
Programming Cost	___ prog.	\$	_____
TOTAL AMOUNT DUE		\$	_____

CSR Initials receiving request

Date

CSR initials completing request

Date